

Early syphilitic hepatitis

A possible case

R. A. LE CLAIR

Health Laboratory Services, School of Public Health, University of California Medical Center, Los Angeles, California, USA

In his comprehensive report on the incidence of syphilitic hepatitis, Hahn (1943) expressed the opinion that it was a rare condition; he was able to find only five authentic cases among 10,000 patients with a diagnosis of early syphilis.

More recently, Rajam and Rangiah (1954) in India, and Zellmann and Norcross (1967) in the USA, have suggested that early syphilitic hepatitis may still be encountered in clinical practice.

The present report is presented to illustrate a case of possible early syphilitic hepatitis—observed at a reference laboratory.

Case report

A 32-year-old white man was referred to the Health Laboratory Services for a *Treponema pallidum* immobilization test (TPI), because of the occurrence of a reactive qualitative VDRL test. The clinical diagnosis, at the time of referral, was acute infectious hepatitis with jaundice.

Laboratory findings during the 3 days before referral were:

Qualitative VDRL test, reactive;
Serum glutamic pyruvic transaminase, 3,000 units;
Total bilirubin, 10 mg. per cent.;
Alkaline phosphatase, 24 Bodansky units;
Icterus index, 35;
Lactic dehydrogenase, 2,500 units;
Cephalin flocculation, 4 plus;
Thymol turbidity, 11 units.

When tested at the Health Laboratory Services, the patient's serum was reactive in the VDRL test at a titre of 1:16, and the TPI test was reactive. The immunodiffusion test for Australian antigen was nonreactive.

Treatment

The patient was treated with procaine penicillin, 1 million units daily, for 14 days.

Results

The laboratory findings immediately after completion of therapy were:

Quantitative VDRL test, reactive at a titre of 1:8;
Serum glutamic pyruvic transaminase, 150 units;
Total bilirubin, 1.7 mg. per cent.;

Alkaline phosphatase, 3.6 Bodansky units;
Cephalin flocculation, 1 plus;
Thymol turbidity, 9.6 units.

The laboratory findings 3 months later were:

Quantitative VDRL test, reactive at a titre of 1:2 and weakly reactive at a titre of 1:4;
Serum glutamic pyruvic transaminase, 136 units;
Alkaline phosphatase, 2.2 Bodansky units;
Total bilirubin, 0.89 mg. per cent.;

Thymol turbidity, 10.1 units.

The qualitative TPI test was still reactive, and immunodiffusion test for Australian antigen was nonreactive.

Discussion

In view of the results obtained with the nontreponemal and treponemal serological tests for syphilis, and the concurrent abnormal liver function tests, it seems reasonable to assume that this patient had early syphilitic hepatitis.

Since liver biopsy was not undertaken, a pathological diagnosis is not possible; but, because of the rapid response to penicillin therapy, from the standpoints both of liver function and of the nontreponemal serological tests, such a diagnosis seems reasonable.

Summary

The case is described of a 32-year-old white man who had jaundice, abnormal results to liver function tests, and reactive nontreponemal and treponemal serological tests for syphilis, probably attributable to early syphilitic hepatitis.

References

- HAHN, R. D. (1943) *Amer. J. Syph.*, 27, 529
RAJAM, R. V., and RANGIAH, P. N. (1954) *Indian J. vener. Dis. Derm.*, 20, 83
ZELLMANN, H. E., and NORCROSS, J. W. (1967) *Lahey Clinic Found. Bull.*, 16, 255

Hépatite syphilitique précoce: un cas possible

SOMMAIRE

On rapporte le cas d'un homme blanc de 32 ans présentant une jaunisse, des résultats anormaux des épreuves d'exploration hépatique et une positivité des tests sérologiques aussi bien non tréponémiques que tréponémiques; ce cas est probablement attribuable à une syphilis hépatique précoce.